Transitioning to a Performance Environment: FFY 2008 SAPTBG and NOMS

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Questions that are being asked

- Does treatment work?
- Are the clients getting better?
- Are we reducing illicit substance use?
- Have clients' lives improved as a consequence of treatment?

Leadership Challenge

- Performance Management requires more than data
  - Requires information (interpreter/translator)
  - Requires involvement from everyone
  - Results in a change in culture

Historical Context

1930 to present: Quality Management – CQI/ TQM/Six Sigma

1993; Government Performance Results Act (between SAMHSA and our grantees)

Children's Health Act of 2000

Performance Assessment Rating Tool (between Congress and SAMHSA)

GPRA and PART

- Two basic questions
  - We gave you money, what did you do with it?
  - Should we give you more?

Historical Context (cont.)

2003; OMB Performance Assessment Rating on SAPT BG: **INEFFECTIVE**

- No outcomes
- No independent evaluation

2005; Report to Congress

- SAMHSA describes our National Outcome Measures (NOMs)

End of FY 2007; Mandatory Reporting

States Response Assists SAMHSA Program Efforts to address PART Critique

- No independent evaluation
  - Status – pilot completed, awaiting OMB clearance, local evaluations count.
- Formula issues
  - Congressional mandate
- Existing measures
  - previously process – OMB expects outcomes

Why NOMS? Why now?

- NOMs is SAMHSA's response to increasing pressures to demonstrate accountability
- Congress, Federal policy makers, taxpayers, consumers and their families, and competing interests are all at the table – expecting quantified results
- Outcomes not outputs
- Performance Measurement is the first step in Performance <u>Management</u>

Data Issues: NOMs Completion

- Employment: 88% States reporting; 23 pre-populated
- Living Status: 82% States reporting; 19 pre-populated
- CJ invol.: 76% States reporting; 18 pre-populated
- Alcohol use: 88% States reporting; 22 pre-populated
- Drug use: 86% States reporting; 22 pre-populated
- Social Support: 41% States reporting; 0 pre-populated
- Retention: 92% States reporting; 22 pre-populated

Ongoing data issues

- Quality (e.g. complete, representative, fidelity to specifications)
- Definitions

  connotation of terms such as admission, discharge, completion, etc
- Burden of Discharge Reporting

  costs of new systems and incorporation of elements, provider pushback, chronic vs. acute model
- Linking Records (unduplicated counts, net effect of treatment, etc.)
- Cost data

Quality: completeness

- Analysis to be conducted on discharge records linked to admission records

State X served approx. 40,000 persons; reports 27,000 admissions; and has 20,500 usable records

State Y served approx. 8,400 reports 5,500 admissions and winds up with 2,500 usable records

Quality: completeness

- Most State submitted data appears to be a sample of clients in comparison to the number individual clients served

e.g. State Z served 4,600 clients and reported outcome data on 1,900; State B served 51,000 clients and reported outcome data on 13,600 clients

Some provided outcome datas on more than the reported number of persons served. (State B: outcome data were reported on 18,000 records and only 11,400 were reported served

Quality: data validity

- Ranges of pre-populated data (from State submitted TEDS data)
- -3% to 12.7 % change in employment
- -0.34% to 5.6% change in housing
- -20% to 37 % change in criminal justice involvement
- 4 0.5% to 44 % change in alcohol abstinence
- 2% to 51 % change in drug abstinence

Quality: Length of Stay (LOS)

- Ranges are illogical and some State reported does not meet specifications for level of care
- e.g. Average LOS for short term detox 234 days???
- DATA CLEANING!!

Quality

- DATA CLEANING (i.e. identifying illogical or inconsistent data and validating submitted information) is our first and ongoing critical step in developing meaningful information from the data
- On-site data validation and data collection TA may be involved
- Newly created Performance Measurement Branch to assist program efforts

Next Steps

- Communicating to those with missing NOMs to persuade data submission if possible
- Term and Conditions on Awards if no time-framed plans for collection and reporting of missing data are presented
- Continue collaboration with OAS to coordinate TA response

Data Presentation

- NOMs website
- States’ Snapshots
- Presentation to External Stakeholders (OMB)

Performance management related products

- **State Profiles**

  http://www.nationaloutcomemeasures.samhsa.gov
- **Performance Management Series:**

  A) ***BKD 506*** "Improving State Systems Through Information-Based Decisionmaking"

  B) TAP 29 "Using Administrative Records to Manage Substance Abuse Treatment Performance"

  C) TAP 28 "The National Rural Alcohol and Drug Abuse Network (NRADAN) Awards for Excellence, 2004, Submitted and Award Winning Papers"

Capacity Assessment Matrix

Capacity	Current Level of Implementation			
	Basic ------→	**Intermediate ----→**	**Advanced -------→**	**Expert**
Provider Capacity: capacity of providers within a system to implement performance management	Provider collects standardized data	Management within the provider agency uses data for planning and decisionmaking	Provider collects performance management data	Clients use data to select program
Data Systems Capacity: capacity of stakeholders for collecting, moving, and manipulating data, including collecting data, to meet management needs, transmitting and storing data, and linking data across other data systems	Data are collected at admission System meets Treatment Episode Data Set (TEDS) requirements Data are used for other Federal reporting (e.g., Block Grant/ Performance Partnership Grant) Paper or diskette system is used Paper/diskette is mailed to lead agency Time between data collection and data entry is approximately 30 days Data are cleaned by lead agency (e.g., SSA, sub-State entity) Lead agency links data at provider level Provider maintains unique client identification number	Data are collected at admission and discharge Provider uses electronic data system State alcohol and other drugs (AOD) data system uses unique client identification number Lead agency generates error reports	Admission and discharge data are linked at client level Follow-up performance management data are collected at multiple points in time Provider has skill set to use performance management data to make clinical adjustments Data edits are built into the data entry system Client-level data can be linked to other behavioral healthcare data Data are linked to other State data for special projects	Client-level data are routinely linked to other State data systems (e.g., criminal justice, employment) Statewide system uses a Web-based data entry system Data system provides “real time” reports Analyses adjust for case mix

Capacity Assessment Matrix

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	Basic ------▶	**Intermediate ----▶**	**Advanced -------▶**	**Expert**
Cultural Capacity: internal culture of agency (e.g., SSA, sub-State entity, provider organization) regarding the use of data in planning and decisionmaking	Agency activities focus on meeting compliance Agency has data available	Leadership reviews monthly data reports Agency has allocated some staff to performance management (PM)	Agency has a defined performance management process Performance improvement projects are underway Performance processes are integrated into planning and decisionmaking Workforce has skills to apply performance management Agency has allocated sufficient staff to performance management	Performance management system is viewed as an effective tool Performance measures are consistently defined in measurable terms Performance measures have been implemented Agency has implemented a continuous improvement process Agency shares collaborative role/responsibility for performance management with multiple agencies serving target population Agency provides Web access for all appropriate staff Agency invests in information technology as needed
Analysis and Management Capacity: capacity of the agency to use data to manage services and influence practices at multiple levels, including analytic capacity and processes, roles, and protocols for action	Agency collects data Agency meets minimal Federal data requirements Agency submits raw data to reporting agency	Agency analyzes and distributes data Agency distributes program-level data Agency has an action plan for improving data quality	Agency has analytical/management staff dedicated to performance management activities Agency provides timely comparison data by program, region, and State Agency has a specified process for taking action after review of data Agency identifies outliers and discusses/provides onsite technical assistance (TA) Agency trains systemwide staff on performance management Agency trains own staff on performance management	Providers have the ability to go online for comparison reports SSA runs cost-effectiveness and offset analyses Agency uses performance measures to manage contracts Agency regularly engages in performance contracting

Where to Start?

- Keep it simple (look at what you have)
- Easy does it (make small changes, not massive ones)
- Focus on the client - always
- Develop and improve your skills as you go
- Don’t be afraid – numbers alone don’t tell you anything.

Where to Start?

- Most basic, elemental use of data requires information at 2 points in time (beginning and ending of a process)
- More points in time that you can incorporate, the more impact you can have on a process.

Partners in Performance Management

- Washington Circle Workgroup
- NCQA
- CARF
- JCAHO
- COA
- National Council for Community Behavioral Healthcare
- National Association of County Behavioral Health and Developmental Disability Directors